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PRINTED: 01/27/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		PLE CONSTRUCTION  3		(X3) DATE SU COMPLE	
	£	155150	B. WIN	G	·······		01/2	1/2011
	ROVIDER OR SUPPLIER			64	EET ADDRESS, CITY, STATE, ZIP COD 10 WEST ELLSWORTH ST OLUMBIA CITY, IN 46725	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOL	JLD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS .	F0	000	AMARIA (1997) (1			
	Licensure Survey.	Recertification and State uary 17, 18, 19, 20 & 21, 2011			RECEIVE	D		
The second secon	Facility number: ( Provider number:	000071			FEB 1 1 2011			
	Survey team: Angela Strass, RN	- TC (January 17, 18, 20 & 21,			LONG TERM CARE DIVIS INDIANA STATE DEPARTMENT	ION OF H	ealth	
	2011) Julie Wagoner, RN 2011)	(January 17, 18, 19 & 20, nuary 17, 18 19 & 20, 2011)			Delete F157 2/16	ļu.	BM	
app	Census bed type: SNF: 9 SNF/NF: 52 Total: 61			A CARLON DE LA CARLO DE LA				· · · · · · · · · · · · · · · · · · ·
Sliph.	Census payor type Medicare: 6 Medicaid: 38 Other: 17 Total 61							
	Sample: 15							
	These deficiencies in accordance with	also reflect state findings cited 410 IAC 16.2.						Post between manager - a - no no
	Bev Faulkner, RN	pleted on January 16, 2011 by						**************************************
F 157 SS=D delete	(INJURY/DECLINE	TFY OF CHANGES E/ROOM, ETC) sediately inform the resident;	F1	157	F157 483.10(b)(11), 410 IAC 1 5(a)(3). It is the facility's policy resident's physician of any chan condition that may or may not w	to: ges	notify the in	
	I Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE			(X6) DATE
•		1/1 C.Ball			ADMINISTO ATTO			alala

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		155150	B. WING		01/21/2011
	ROVIDER OR SUPPLIER  S MERRY MANOR		S	REET ADDRESS, CITY, STATE, ZIP CODE 640 WEST ELLSWORTH ST COLUMBIA CITY, IN 46725	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	OULD BE COMPLÉTION
F 157	known, notify the reor an interested fan accident involving the injury and has the printervention; a signiphysical, mental, or deterioration in heat status in either life to clinical complication significantly (i.e., a existing form of treatment); or a decident from the \$483.12(a).  The facility must also and, if known, the more interested family change in room or inspecified in \$483.1 resident rights under regulations as specified in \$483.1 resident rights under regulations and regulations are regulations as specified in \$483.1 resident rights under righ	ident's physician; and if sident's legal representative nily member when there is an otential for requiring physician ficant change in the resident's psychosocial status (i.e., a lth, mental, or psychosocial hreatening conditions or ns); a need to alter treatment need to discontinue an atment due to adverse or commence a new form of sision to transfer or discharge e facility as specified in  so promptly notify the resident esident's legal representative member when there is a roommate assignment as 5(e)(2); or a change in er Federal or State law or ified in paragraph (b)(1) of cord and periodically update one number of the resident's or interested family member.  AT is not met as evidenced view and interview the facility	F 15	change in the treatment plan. It is a policy of the facility to provide serv residents to ensure that they receive maintain the highest practicable quacare by qualified well-trained staff accordance with the resident's writt care.  Resident #50's physician was notifi resident's medication refusal's imm when the concern was voiced by the on 1/20/11. The physician ordered electrolyte panel to be completed. 1/20/11, the lab work was obtained to the lab for analysis. The results received the morning of 1/21/11, arthat Resident #50's potassium level 4.0, which is within the reference ra an improvement over the prior labs dated on 9/29/10. A copy of the lab from 1/21/11 and 9/29/10 were prothe surveyors during the survey.  Each resident's medication record v reviewed by the Director of Nursing 1/24/11 to check for medication refusal physician was notified. All residen identified had appropriate revisions their written plan of care.  The Director of Nursing revised the medication refusal to state upon thr consecutive refusals of medications physician must be made aware of the made aware of the medication must be made aware of the made aware of the medication must be made aware of the medication must be made aware of the made aware of the medication must be	vices for all and ality of in ten plan of leed of the nediately e surveyor an On and taken were not showed was at ange and is results or results vided to was g on usals. If al, their t's made to 1/24/11 e policy for ee (3) is, the ne refusal
ملتلتك	medication refusals	hysician of numerous for 1 of 15 residents reviewed ation (#50) in a sample of 15.		which will then be documented in the resident's medical record (Please sea Attachment N-1). If there are furth occurrences of medication refusal for additional consecutive days, the physical state of the residual seasons and the residual seasons are seasons.	ee er or three (3)

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'''	PLE CONSTRUCTION	(X3) DATE SUR COMPLETI	
	<b>‹</b>		A. BUILDIN	<u> </u>		
		155150	B. WING		01/2	1/2011
	ROVIDER OR SUPPLIER S MERRY MANOR		6	REET ADDRESS, CITY, STATE, ZIP CODE 40 WEST ELLSWORTH ST COLUMBIA CITY, IN 46725		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
F 157	Continued From pa	ge 2	F 157	be contacted and requested to visit the and/or provide additional medical tr		
	1/20/11 at 10:00 A. resident was admitt with diagnoses incli	cal record was reviewed on M. The record indicated the led to the facility on 8/19/10 uding, but not limited to, avioral disturbances.		The Director of Nursing also revised Admission Audit Form (Please see Attachment N-2) to include labs ord according to the medication regime resident's diagnosis.	I the	
Jeleto	Administration Recand December 201 resident refused so on 105 medication November 2010: 6:00 A.M.: acetamin mg/5 ml (milliliter), refused x 12 (11/6; 11/12; 11/13; 11/14 11/30/10); 8:00 A.M.: All medic Furosemide 40 mg refused x 1; Polyeth (grams), refused x refused x 1; Risper Aspirin 81 mg refused x 10/100 mg refused x 13/ Tramin ferused x 13/ Tramin refused x 1	nophen-code ine elixir 120 12.5 mg/5 ml, give 10 ml, 11/7; 11/8; 11/9; 11/10; 11/11; ; 11/26; 11/27; 11/28;  cations refused on 11/1/10: refused x 1; Docusate 100 mg nylene Glycol powder, 17 gm 1, Potassium Chloride 10 mg done 0.5 mg refused x 1; red x 1; Carbidopa/Levodopa x 1; ca/Levodopa 10/100 mg adol HCL 50 mg, 2 tabs, 11/3; 11/4; 11/5; 11/8; 11/12; ; 11/23; 11/26; 11/28/10);  ine 15 mg refused x 14; ts refused x 14; Potassium used x 14 (11/2; 11/3; 11/4; 1/14; 11/17; 11/18; 11/19;		As a clarification, the comment on p stating that an interview with the Di Nursing on 1/21/11 at 11:00 a.m. ind that Resident #50's physician was meach of the medication refusals is not Rather the Director of Nursing state physician had been notified of the repattern of refusing medications upor physician's monthly routine visits to facility. Upon providing this notific physician did not think that Residen condition had displayed a decline or that would require any changes in the treatment plan, as was stated in the physician's letter dated 1/20/11. The was also provided to the surveyors disurvey.  On 2/1/11, all licensed nurses and Q were inserviced by the Director of N the revised medication refusal policy see Attachment N-3-1, N-3-2, and N will be the responsibility of the Dire Nursing or her designee to monitor records to ensure that all procedures followed according to the medication policy. This will be conducted through the Medication Administration/Treat Administration Review Q/A tool we	rector of dicated of dicated of dicated of dicated of accurate. defends the esident's in the esident's in the esident's change esis letter during the esident's fursing on accurate. M.A.'s fursing on accurate the esident of medication are in refusal ugh the in. The complete timent	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SI COMPLE	
	·		A. BUI	-	<u> </u>		
		155150	B. WI	NG _		01/2	1/2011
	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
MILLER	S MERRY MANOR			1	40 WEST ELLSWORTH ST COLUMBIA CITY, IN 46725		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	FION	(X5)
PREFIX TAG	REGULATORY OR L	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE OPRIATE	COMPLETION DATE
F 157		=	F	157	four (4) weeks, and then monthly the ensure ongoing compliance. Any id	ereafter to	
		nophen-codeine elixir 120 12.5 mg/5 ml, give 10 ml,			trends will be logged on the Q/A Sur	mmary	
		2/4 through 12/11/10);			Log and reviewed in the monthly Q/ Meeting.	A	2/1/11
	8:00 A.M.: Aspirin 8	31 mg refused x 4·					2/1/11
	Carbidopa/Levodop	oa 10/100 mg refus <b>é</b> d x:4;			The facility submits this information credible allegations of compliance.	n as	0/1/11
		l powder, 17 gm (grams), ium Chloride 10 mg refused x			credible anegations of compliance,		2/1/11
	4; Risperidone 0.5	mg refused x 4;/Risperidone					
	0.25 mg refused x 2	4 (12/12; 12/15/, 12/30; 12/31);					
* * *		ppa/Levodopa 10/100 mg					to the manufacture of the control
	refused x 3 (12/15;	12/22; 12/26/10);					
	4:00 P.M.: Carbidop	pa/Levodopa 10/100 mg					
		adol HQL 50 mg, 2 tabs, 12/4; <b>1</b> 2/7; 12/9; 12/12; 12/13;					
	12/14; 12/15; 12/16	; 12/ <b>1</b> /7; 12/18; 12/19; 12/21;					
	12/22, 12/25, 12/26	; 12/28; 12/30; 12/31/10);					
		ine 15 mg refused x 19; s refused x 19; Potassium				•	•
	Chloride 10 mg refy	sed x 19 (12/2; 12/4; 12/7;					
	12/9; 12/12; 12/13 <b>/</b>   12/18: 12/19: 12 <b>/</b> 01	12/14; 12/15; 12/16; 12/17; ; 12/22; 12/25; 12/26; 12/28;					
	12/30; 12/31/10).	1 12122, 12120, 12120, 12120,					
المحكوريا	January 2011, 1-20						
green of	11:00 A.M.: Carbido	ppa/Levodopa 10/100 mg					
	refused x 2/(1/8; 1/1	(9/11); 					
		pa/Levodopa 10/100 mg					
	refused/x 4; Tramad refused x 4 (1/3; 1/9	dol HCL 50 mg, 2 tabs, ); 1/14; 1/18);					
		, , , , , , , , , , , , , , , , , , ,				ļ	
		ine 15 mg refused x 5; s refused x 5; Potassium				**************************************	
	Chloride 10 mg refu	sed x 4 (1/3; 1/9; 1/13;1/18;					
	1/19/11)						

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON IDENTIFICATION NUMBER:  A. BUILDING		ILTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE		
	•	155150	B. WING	<u> </u>	04/2	1/2011
·	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WEST ELLSWORTH ST COLUMBIA CITY, IN 46725		1/2011			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	Continued From pa	ge 4	F 1	57		
	notification of the pl refusals in Novemb January 2011. A ph 12/11/10 indicated a to discontinue Tyler	e's progress notes indicated no hysician regarding medication er 2010, December 2010 or ysician progress note on a physician's order was given not elixir due to consistent dent to take the medication.			•	
	1/20/11 at 2:25 P.M at the MARs during	e Director of Nursing (DN) on I. indicated the physician looks his routine visits when he he monthly physician's order's				
	A.M., indicated the	DN on 1/21/11 at 11:00 physician was notified by the medication refusals.				
mingo	9/1/2004, indicated administration of a be made aware of t refusal has the likel discorpfort or jeopa safety, the physicial emergent interventidirected. Determining	d: "Medication Refusal," dated "If a resident refuses medication the physician will he refusal"; "If the medication ihood of causing significant rdizes his/her health and on will be contacted and ons will be implemented as ng significance of a medication of professional judgement as ending physician."				
SS=D	A facility must use t to develop, review a comprehensive plan	CARE PLANS  he results of the assessment and revise the resident's n of care.	F 27	F279 483.20(d), 483.20(k)(1) 410 3.1-35(a), 3.1-35(b)(1). It is the fipolicy to use the results of compre assessments to develop, implement and revise the resident's health carensure that objectives and timetab measurable in order to meet the re	acility's hensive t, review, e plan to les are	
FORM CMS-25	667(02-99) Previous Versions	Obsolete Event ID: BXK411		Facility ID: 000071 If co	ntinuation shee	Page 5 of 10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL			
	·		A BUILD B. WING				
	-	155150	D. WING		01/2	/2011	
	ROVIDER OR SUPPLIER S MERRY MANOR		s	TREET ADDRESS, CITY, STATE, ZIP CODE 640 WEST ELLSWORTH ST COLUMBIA CITY, IN 46725	·	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 279	plan for each reside objectives and time medical, nursing, at needs that are iden assessment.  The care plan must to be furnished to a highest practicable psychosocial well-b §483.25; and any sobe required under § due to the resident's §483.10, including the under §483.10 (b) (4)  This REQUIREMENT by: Based on observation the facility care plan for consists of 15 residents revied development (Resident) (Resident) and the ordered medica 10/100 mg crushed took one bite, approapplesauce with the take the other bite.  #3 gave the resident applesauce and me flipped the applesauce	velop a comprehensive care ent that includes measurable tables to meet a resident's and mental and psychosocial tified in the comprehensive  describe the services that are ttain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise 483.25 but are not provided as exercise of rights under he right to refuse treatment.  IT is not met as evidenced on, record review and y failed to develop a health tent medication refusals for 1 ewed for health care plan lent #50) in a sample of 15.  of a medication pass on M., Resident # 50 received tion, Carbidopa/Levodopa in applesauce. The resident eximately 2/3 of the medication and refused to After several attempts, LPN	F 27	medical, nursing, and mental and paneeds to provide the highest quality  On 1/19/11, a health care plan for medicals was initiated for Resident in provided to the surveyors during the Each resident's medication record was reviewed by the Director of Nursing 1/24/11 to check for medication refuse physician was notified. All resident identified had appropriate revisions their written plan of care.  It will be the responsibility of the Director of Nursing or her designee to monitor records to ensure that all procedures followed according to the medication are included in the resident's writter care. This will be conducted throug facility's Quality Assurance Program Director of Nursing or designee will the Health Care Plan Review Q/A to percent (10%) of residents weekly for weeks, and then monthly thereafter ongoing compliance. Any identifies will be logged on the Q/A Summary reviewed in the monthly Q/A Meeting The facility submits this information credible allegations of compliance.	reare.  medication 450 and e survey. was g on usals. If al, their t's made to  frector of medication s are on refusal n refusals n plan of gh the m. The l complete ool on ten for four (4) to ensure d trends y Log and ng.	1/24/11 1/24/11	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		155150	B. WING		01/2	21/2011	
	ROVIDER OR SUPPLIER  S MERRY MANOR		640	ET ADDRESS, CITY, STATE, ZIP WEST ELLSWORTH ST VLUMBIA CITY, IN 46725			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 279	resident often refusion Resident # 50's clir 1/20/11 at 10:00 A. resident was admitt with diagnoses inclided between the residual administration record December 2010 and resident refused so on 104 medication November 2010: 6:00 A.M.: acetamin mg/5 ml (milliliter), refused x 12.  8:00 A.M.: Furosem Docusate 100 mg refused x 12.  8:00 P.M.: Carbidor refused x 1.  4:00 P.M.: Carbidor refused x 11.  8:00 P.M.: Mirtazep Vitamin D 1000 unit Chloride 10 mg refused x 10.  December 2010: 6:00 A.M.: acetamin De	ed her medications.  ical record was reviewed on M. The record indicated the red to the facility on 8/19/10 ading, but not limited to, avioral disturbances.  ent's MAR (medication red) indicated in November and d January 1-20, 2011, the me or all of her medications passes:  nophen-codeine elixir 120 12.5 mg/5 ml, give 10 ml,  hide 40 mg refused x 1; refused x 1; refused x 1; Polyethylene refused x 1; refused x 1; Aspirin 81 mg opa/Levodopa 10/100 mg  pa/Levodopa 10/100 mg	F 279				

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		G	COMPLE	
	*	155150	B. WIN	G		01/2	1/2011
	PROVIDER OR SUPPLIER S MERRY MANOR			64	EET ADDRESS, CITY, STATE, ZIP CODE 10 WEST ELLSWORTH ST OLUMBIA CITY, IN 46725		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 279	8:00 A.M.: Aspirin Carbidopa/Levodo Polyethylene Glyco refused x 4; Potass 4; Risperidone 0.5 0.25 mg refused x 12:00 P.M.: Carbido refused x 3. 4:00 P.M.: Carbido refused x 19; Tram refused x 19. 8:00 P.M.: Mirtazel Vitamin D 1000 un Chloride 10 mg ref January 2011, 1-20 11:00 A.M.: Carbido refused x 2.	81 mg refused x 4; pa 10/100 mg refused x 4; pl powder, 17 gm (grams), sium Chloride 10 mg refused x mg refused x 4; Risperidone 4. copa/Levodopa 10/100 mg pa/Levodopa 10/100 mg padol HCL 50 mg, 2 tabs, pine 15 mg refused x 19; its refused x 19; Potassium used x 19. c); opa/Levodopa 10/100 mg	F2	779			
	refused x 4.  8:00 P.M.: Mirtazer Vitamin D 1000 un Chloride 10 mg refusion refusals an interview with the transfer LPN #3 indicated the facility medication refusals are the transfer LPN #3 indicated the facility medication refusals are the transfer LPN #3 indicated the trans	lent's health care plans y had no health care plan for				. *	

, <u> </u>	TO I OIT MEDIOMITE	A MEDICAID SERVICES				ONID NO.	. 0938-0391
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			URVEY ETED
		155150	B. Wil	NG_		01/2	1/2011
NAME OF F	ROVIDER OR SUPPLIER			STE	REET ADDRESS, CITY, STATE, ZIP CODE		
					640 WEST ELLSWORTH ST		
MILLER	S MERRY MANOR			i	COLUMBIA CITY, IN 46725		
040.45	CUMMAN DV CTA	TENENT OF DESIGNATION	1		1		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID PREF	ΊΥ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APP		DATE
					DEFICIENCY)		
F 279	Continued From pa	nne 8		279			
		1	٦,	219			
	surveyor on 1/19/1	1.					
	3.1-35(a)			•	·		
	3.1-35(a) 3.1-35(b)(1)						
		COMEN IS EDEC COOM	<b>-</b>				
	, , ,	EGIMEN IS FREE FROM	F,	329	F329 483.25(l), 410 IAC 16.2, 3.1	-48(a)(3).	
SS≒D	UNINECESSART	RUGS			It is the policy of the facility to ens	sure that all	
	Each resident's dev	a raginan must be from from			resident's drug regimen's are free		- :
		g regimen must be free from  An unnecessary drug is any			unnecessary drugs. This includes,		
		excessive dose (including			limited to, ensuring that the drug r		
		or for excessive duration; or			adequately monitored.	<b>J</b>	
		nonitoring; or without adequate					
		se; or in the presence of			Resident #50's physician was noti	fied of the	
	adverse consequer	nces which indicate the dose			resident's diuretic medication refu		
		or discontinued; or any			immediately when the concern was	s voiced by	
	combinations of the				the surveyor on 1/20/11. On 1/20/		
	Combinations of the	reasons above.			was obtained from Resident #50's	physician	
	Based on a compre	ehensive assessment of a			for an electrolytes laboratory test a	nd those	•
		must ensure that residents			results were received on 1/21/11.		
		antipsychotic drugs are not		į	showed that Resident #50's potass		THE STATE OF THE S
		inless antipsychotic drug		ŀ	4.0, which is within the reference i	ange and is	Nilanana
		ry to treat a specific condition			an improvement over the prior labor	oratory test	to y
		locumented in the clinical			that was completed on 9/29/10. The	ne results of	PI CALL
		ts who use antipsychotic			these lab tests were provided to the	surveyors	-
The second		ual dose reductions, and			during the survey. Please note that	t Resident	-
arrana a	behavioral interven	tions, unless clinically			#50 has not displayed any complic	ations, side	
		an effort to discontinue these		-	effects, or adverse consequences b	etween the	
	drugs.				dates of the two (2) laboratory test	s, nor at any	
				al fall out fail to	other time regarding her diuretic m		
					Upon providing this notification to		
					resident's physician, the physician		
					think that Resident #50's condition		
					displayed a decline or change that		
		NT is not met as evidenced			require any changes in the treatment	nt plan, as	
	by:				was stated in the physician's letter	dated	
		view and interview, the facility			1/20/11. This letter was also provi	ded to the	
		iuretic medication was			surveyors during the survey.		
		for potential side effects for 1			   A 11   - 1   - 1   - 1   - 1   - 1   - 1     - 1		
	of 6 residents revie	wed for unnecessary			All resident's medication records v		
EODM ONO C	(C7/02 00) D-0 V	Observation 5 to 10 Servation			reviewed. Those residents receiving	~	<b> </b>
FURM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: BXK411		Fac	cility ID: 000071 If cor	itinuation sheet	Page 9 of 10

i I	A. BUILDIN	16	(X3) DATE SURVEY COMPLETED	
155150	B. WING		01/2	1/2011
NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR		REET ADDRESS, CITY, STATE, ZIP CODE 340 WEST ELLSWORTH ST COLUMBIA CITY, IN 46725		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 329 Continued From page 9 medications (#50) in a sample of 15.  Findings include:  Resident # 50's clinical record was reviewed on 1/20/10 at 10:00 A.M. The record indicated the resident was admitted to the facility on 8/19/10 with diagnoses including, but not limited to, edema and Parkinson's disease. The resident's medications included, but were not limited to, furosemide 40 mg (milligrams) daily, a diuretic, which was started on 9/21/10 and potassium chloride 10 mg twice daily, which is routinely given along with furosemide due to the potassiun wasting properties of furosemide.  On 9/29/10, a laboratory test was completed for electrolytes which indicated the resident's electrolytes were within the reference range; the potassium was 3.7 (reference range, 3.6-5.1).  Review of the physician's orders indicated there were no routine laboratory tests ordered to monitor the resident's electrolytes due to usage furosemide.  An interview with the Assistant Director of Nursir on 1/20/11 at 4:10 P.M., indicated the facility had contacted the resident's physician and were goir to acquire an electrolytes laboratory test on 1/21/11.  3.1-48(a)(3)	n o	therapy were checked to ensure that labs were ordered. The physician of those residents without routine orders were obtained and added to treatment plan and their current plan. On 2/1/11, an inservice was provided licensed nursing staff by the Direct Nursing stating that all residents curreceiving - or new orders obtained diuretics should have labs drawn reincluding, but not limited to electro (Please see Attachment N-3-1, N-3-3-3). All lab orders received were the treatment plan and the resident plan of care.  It will be the responsibility of the I Nursing or her designee to monitor records to ensure that all procedure followed according to the medicationare included in the resident's writted care. This will be conducted through facility's Quality Assurance Program Director of Nursing or designee with the Lab Review Q/A tool on ten pee (10%) of residents weekly for four and then monthly thereafter to ensure compliance. Any identified trends logged on the Q/A Summary Log a reviewed in the monthly Q/A Meet.  The facility submits this information credible allegations of compliance.	vas notified orders and the n of care.  ed to all or of rrently for - outinely, lytes -2, and N-added to s current  Director of medication s are on refusal n refusals n plan of gh the m. The ll complete rcent (4) weeks, re ongoing will be not ing.	2/1/11